

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
04-06

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
HCFA-PM-91-4

7. FEDERAL BUDGET IMPACT:
a. FFY \$ -0-
b. FFY \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplemental 13 to Attachment 2.6-A, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplemental 13 to Attachment 2.6-A, Page 1

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to adjust the minimum and maximum resource standard used to determine resource eligibility and the community spouses' maximum maintenance standard.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Lynn Read *Jean Thorne*
13. TYPED NAME Lynn Read Jean Thorne

14. TITLE: Administrator, OMAP Director, DHS

15. DATE SUBMITTED:

2-27-04

16. RETURN TO:

Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: MAR - 1 2004

18. DATE APPROVED: APR - 6 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN - 1 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Karen S. O'Connor

22. TITLE: Associate Regional Administrator

23. REMARKS:

Division of Medicaid &
Children's Health

Oregon (04-06)
Approved: 04/06/04
Effective: 01/01/04

RECEIVED

MAR 01 2004

January 1992

Transmittal #04-06
SUPPLEMENT 13 TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

Section 1924 Provisions

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. In the determination of resource eligibility, the State minimum spousal resource standard is \$18,552 and the maximum spousal resource standard is \$92,760. The maximum community spouse maintenance standard is set at \$2,319.
- C. The definition of undue hardship for purposes of determining if the institutionalized spouses receive Medicaid in spite of having excess countable resources is listed below:

The person is in extreme need of medical care and the care would not be provided if the person was not eligible. There is convincing evidence that the excess resource cannot be made available to meet the person's immediate needs.

TN No. 04-06
Supersedes TN No. 03-06

Approved: **APR - 6 2004**

Effective Date: 1/1/04